

RENAL LOW VOLUME OUT OF HOURS NASOGASTRIC FEEDING REGIMEN

Ward _____
Patient's Name _____
Hospital Number _____

Before starting a new NG feed:

1. Refer to the patient's Lead Clinical team to assess refeeding syndrome risk and implement plan, as per Trust refeeding protocol
2. Refer to the dietitian using the online referral form on the intranet

Tick when completed

| Date/Day | Feed | Volume of feed (ml) | Rate (ml/hr) | No. of Hours | Rest Period | Comments (additional fluid/flushes) |
|----------|--|---------------------|--------------|--------------|-------------|---|
| Day 1 | Nutrison Concentrated | 250 | 13 | ~20 | 4 hours | Flush the tube with 30mls sterile water before and after feed |
| Day 2 | Nutrison Concentrated | 500 | 25 | 20 | 4 hours | Flush the tube with 30mls sterile water before and after feed |
| Day 3 | CONTINUE AS PER PLAN ON DAY 2 UNTIL REVIEWED BY A DIETITIAN (unless patient weighs less than 40Kg, then remain on Day 1) | | | | | |

Please Use A NGT Safety Bundle For All Patients on NGT Feeds

- Monitor fluid balance **daily**. You may need to consider additional water flushes or I/V fluids
- Many Nutrison feeds contain Fish Oils. If this patient is a vegetarian or vegan please use Nutrison Soya unless contraindicated and inform the ward dietitian
- If a patient does not tolerate the feed please decrease the feed to a rate that was previously tolerated and contact your ward dietitian
- Raise the head of the bed to 30 degrees during feeding and for ½-1 hour after feeding
- Use a new giving set, bag of feed or water container every 24 hours
- Use a 60 ml enteral syringe and sterile water for all water flushes
- Flush with a minimum of 30mls sterile water pre and post all medications

Name and signature of nurse starting regimen:

Date:

ONCE THE TIP OF THE NASOGASTRIC TUBE HAS BEEN CONFIRMED TO BE IN STOMACH BY EITHER A pH ASPIRATE (pH MUST BE 1-≤5.0) OR A CHEST X-RAY, REPEATED CHECKS MUST BE MADE TO CONFIRM POSITION AS FOLLOWS:-

- BEFORE ADMINISTERING EACH FEED
- BEFORE GIVING MEDICATION
- AT LEAST ONCE DAILY



IF YOU SUSPECT TUBE DISPLACEMENT ARRANGE FOR CHEST X-RAY AND REPLACE IF APPROPRIATE